POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION		12	5/2/
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	JM	5c864	8/31/01
RESPONSE FORMALITY REVIEW	TA	1113	10-28-01

INDEX OF CLAIMS

✔ .... Rejected	N .... Non-elected
= .... Allowed	I .... Interference
– (Through numeral)... Canceled	A .... Appeal
÷ .... Restricted	O .... Objected

Claim Final	Original	5/19/04	8/3/04	Date					
	1	÷	✔						
	2	÷	✔						
	3	÷	✔						
	4	÷	✔						
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	35	÷	✔						
	36	÷	=						
	㊲	÷	=						
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	41	÷	N						
	42	÷	N						
	43	÷	N						
	44	÷	N						
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Claim Final	Original	Date							
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If more than 150 claims or 10 actions
staple additional sheet here

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